

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$377.02 for dates of service, 07/11/01, 10/29/01, 01/28/02, and 03/06/02.
- b. The request was received on 06/29/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. No response noted in the case file.
3. There is not a carrier sign sheet in the case file or a response noted. Therefore, all of the documentation submitted will be reviewed and a decision will be rendered accordingly. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 09/12/02

"After submitting our initial claim and also our request for reconsideration, the insurance carrier only paid us \$332.98 total for code E1399, E1399, E0236 and E0943 out of \$770.00 that was billed for these items. Per TWCC Medical Fee Guidelines, the MAR for code E1399 (Monthly Supplies) is \$85.00 and for code E0236 (Pump For Circulating Pad) is \$490.20. Since there is no MAR for code E0943 (Cervical Pillow), we have enclosed EOBs from other insurance carriers that have reimbursed us for this same code. These EOBs should clearly prove and state that we are only asking to get reimbursed what is 'fair and reasonable' per our geographical area as TWCC Medical Fee Guidelines state."

2. Respondent: No response noted in the case file.

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 07/11/01, 10/29/01, and 01/28/02. The date of service 03/06/02 will be addressed in the dismissal section of this decision.
- This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
- Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$770.00 for durable medical equipment provided on the above dates of service.
- Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$332.98 for durable medical equipment provided on the above dates of service.
- The Carrier's EOBs deny reimbursement as, "M – NO MAR SET BY TWCC- REDUCED TO FAIR AND REASONABLE. R-EXTENT OF INJURY ALL DIAGNOSIS CODES REFERENCED RE-EVALUATION THE AUDIT WILL STAND AS INITIALLY EVALUATED."
- Per the Requestor's Table of Disputed Services, the Requestor is seeking \$337.02 for durable medical equipment provided on the above dates in dispute.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/11/01	E0236-NU	\$495.00	\$332.98	M	No MAR	MFG GI (VIII) (A); HCPCS descriptor	The modifier "NU" is not recognized in the Commission's '96 MFG. For this reason, MRD is unable to determine proper reimbursement for the services in dispute. Therefore, no reimbursement is recommended.
10/29/01	E1399 NU	\$115.00	\$0.00	R	No MAR	MFG GI (VIII) (A); HCPCS descriptor	The modifier "NU" is not recognized in the Commission's '96 MFG. For this reason, MRD is unable to determine proper reimbursement for the services in dispute. Therefore, no reimbursement is recommended.
01/28/02	E1399 NU	\$115.00	\$0.00	R	No MAR	MFG GI (VIII) (A); HCPCS descriptor	The modifier "NU" is not recognized in the Commission's '96 MFG. For this reason, MRD is unable to determine proper reimbursement for the services in dispute. Therefore, no reimbursement is recommended.
Totals		\$725.00	\$332.98				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 6th day of May 2003.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

V. Dismissal

Date of service, 03/06/02 is being dismissed. According to Commission Rule 133.307 (m)(3), the Division may dismiss a request if the commission determines that the medical bills in the dispute have not been properly submitted to the carrier pursuant to §133.304.

The Requestor did not submit a copy of the complete medical bill clearly marked with the statement, "Request for Reconsideration", as required by §133.304 (k). This dismissal does not constitute a decision on for this date of service.

It is the conclusion of the Medical Review Division that this case be dismissed without any additional action being taken at this time.